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CHRONICLE OF A COMMITTEE*

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BECAUSE of technical difficulties this report cannot be presented in the most modern mode—speed speech. In this world with things moving at a furious pace, the daily discoveries in science, instantaneous transmission of news from all over the globe, and incredibly rapid air and space travel, it is asserted that man cannot keep up with developments because normal speech is too slow. Students are being taught from tapes moving at double and triple speed with considerable saving of time. The Donald Duck squawking sound of the latter has been overcome by altering the pitch. Unfortunately, our de-ducking mechanism is not functioning. So, what might have been a 10-minute delivery will take somewhat longer in unmechanized form.

In earlier days Scotland lacked some of the refinements in living that have now come to be accepted as everyday necessities. The people had no granulated sugar. Instead, each cellar had a barrel containing what here is called molasses but was known there as treacle. It was the custom for each mother as she needed some sweetener to dip a cup into the barrel of treacle. Small fry desiring treacle would stick a finger into

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the barrel. As winter wore on the level of sweetener lowered until it reached a critical point for the little ones of shorter stature. Finally came the day when some lad tumbled in. Scotland was not then a welfare state but abounded in rugged individualism. So instead of crying for help to pull him out, the boy accepted his position, not as a predicament, but as a golden opportunity. As he lay there he sent up this supplication: "Lord, may my tongue be equal to the occasion."

One of the typical and familiar sounds in New York streets is the throaty call of the newsmen: "What do you read?" Without any papers for sale under my arm or in my stand, and without directing this question to any particular person, I should like to ask: "What do you read?" There is a wealth of material. Here are a few: Titles 18 and 19, known as Medicare and revised Kerr-Mills, respectively; the *Report of the President's Commission on Heart Disease, Cancer and Stroke*, often called the DeBakey Report, with its provisions for regional medical programs; the *Health Professions' Educational Assistance Amendments of 1965*, which belatedly recognize the importance of teaching in medical schools; the *Community Health Act;* the document entitled *The Planning for Medical Progress Through Education*, which was issued by the Association of American Medical Colleges; the brochure on *Biomedical Science and Its Administration*, a study of the National Institutes of Health, known also as the Wooldridge Report to the President; the amending law transferring approval of hospitals in New York State from the Welfare to the Health Department; the *Report of the Governor's Committee on Hospital Costs in New York State*, or in short the Folsom Report; and the several-volume report on a program for mental health in New York State.

Of these writings, some are the law of the land, others are manifestos of aspiration, intent, or design. But both kinds have this common purpose, either purported or professed, to elevate and broaden medical assistance to the public through enhancement of medical education, medical care, or hospitalization. All would bring changes, some profound and far-reaching.

Then of course there is a large literature on a whole range of sociomedical disorders that are the constant preoccupation of this Committee. Its concern about health and illness in the community extends over manifold disorders of broad scope and utmost diversity. Many are the papers, reports, articles, and books on a wide range of subjects within

the Committee's ken.

In addition, today's physician must have some acquaintance with the advances in the physical, social, and biological sciences as well as economics. Experience in the need for self-protection against the present overblown predilection for litigation teaches him that some knowledge of the law as it affects the practice of medicine is also not amiss. And of course in his spare time he is expected to engage in continuing medical education.

Previous generations of physicians were learned in the classics and humanities in addition to medicine. Present-day physicians must have some degree of familiarity with just as large but a different and very much more assorted world of knowledge. While they are reading all these documents that have been enumerated they may not have time to see any patients. But they will undoubtedly be among the best-read members of the medical profession.

It is both my good fortune and my predicament to work in a nest of Nestors. Surely it is nothing less than presumptuous of me to appear before you. It is small wonder that as I lie in a barrel of treacle I utter a prayer for my tongue.

Clergymen are not noted for their affluence. Even in food they become accustomed to left-overs. As a meal got under way in a ministerial household, the wife was suddenly aghast. "John," she said, "you did not say grace." At first he was taken aback but then he replied, "No, you are right, but come to think of it, there isn't a thing on this table that has not already been blessed six or seven times." So I come to you with little that is new, just recent developments in a few old themes. But those developments, aside from their newness, are striking and stimulating.

While we are waving the Committee flag, let us not forget the staff that supports it. Never did a staff render more loyal and efficient support. For the Committee and myself, let me assure the staff that its superb work is fully recognized and appreciated. If I may switch the telecasters' favorite message: Now a word to our sponsors. The Committee and I are most grateful to Dr. John L. Madden, President of The New York Academy of Medicine, and to Dr. Howard Reid Craig, its Director, for their ready and unfailing cooperation.

For the Committee, each year is a time of both sowing and reaping. Hours are spent by its subcommittees in deliberations on a number

of subjects that usually have some urgency and have become pressing. It is not difficult to report annually what the Committee has done but it is hardly enlivening for you to hear a recital of your past year's work. That is available in a written account.

What is more likely to interest you, either from curiosity or concern, is the impact of your work, whether it has had a significant effect on the course of events, whether it has helped to set matters aright. This is the criterion by which you may decide whether your time and effort have been worthwhile. It is the period of reaping what has been sown. It is truly the harvest time. For the Committee's work it is an appraisal of the record of achievement based on its effect.

Under the best circumstances evaluation is not easy; for it is not always possible to assemble clear-cut evidence. Furthermore, as often as not, the Committee's harvest does not come in the same calendar year as the sowing. Sometimes there is a lag of many years before the Committee may note that its views are beginning to prevail or be embodied in a program. Instead of dwelling upon your preoccupations of the present year, I should like therefore to mention the fruition of work from previous years.

This has been a year of bountiful harvest for the Committee, a year of visible and demonstrable impact. Most events are the culmination of 35 to 40 years' effort by the Committee.

As early as in the 1920's the Committee on Public Health evinced a concern about drug addiction. Then it pointed out the futility of endorsing bills that called for institutional care when no institutions were available. Except for two federal narcotic farms the only public provision for the treatment of drug addiction was in penal and correctional institutions. Graphically described were the evils of overcrowding, revolving-door admission, and inadequate treatment there. It should be particularly noted that even then the Committee flatly stated that withdrawal was only the first of many steps in any treatment, that psychiatric care and environmental consideration were essential for any permanent benefit.

In 1938 Mayor Fiorello H. La Guardia requested the Committee on Public Health for information concerning addiction to marihuana and the necessity for its control. Although the ensuing report was by the Mayor's Committee, the backbone of membership on that body was supplied by the Committee on Public Health.

In the autumn of 1951 and the spring of 1952 our Committee sponsored several conferences on drug addiction among adolescents. It was in 1955 that the Committee issued its first report on drug addiction with an analysis of the existing situation and formulation of a comprehensive program to improve it. In its position, as laid down in that report, the Committee stood alone for many years. From the several points set forth in this first report perhaps one gained widespread acceptance at the end of 10 years. It was: the addict is a sick person; addiction is a disease. Growing public concern over addiction, attempts by official agencies to decide on a line of action, and the confusion arising from continued misinterpretation of the Committee's position, all led it to issue two more reports, one in 1963, the other in 1965.

After 40 years the Committee can now discern several significant signs of a firm determination in public officials to make a start toward controlling a disease which has reached epidemic proportions.

The White House Conference on Addiction, the President's Commission, the Gracie Mansion Conference, the Mayor's Temporary Commission, all bear the stamp of a sincere desire to grapple with the problem. In an attempt to bring relief by legislative means, bills are continually introduced at the federal and state levels. Most significantly at the local level, more facilities have been made available and more addicts are now under treatment in several hospitals.

After sustained effort during this same 35 years, achievement has now been recorded in another area, misuse and abuse of barbiturates. It was in 1929 that the Committee became concerned about the increasing illicit trade, accidental deaths, and near-deaths associated with these drugs. At that time and again in 1943, 1946, and 1956 the Committee attempted to remedy the abuse by recommending stricter control over their ultimate distribution and retail sale by state and local laws. These were enacted.

By 1964 the Committee noted three new adverse developments. Two other therapeutic agents, tranquilizers and amphetamines, as well as barbiturates, were being misused on a large scale. The misuse was nationwide in extent. These drugs were being diverted at every point from regular channels of commerce for promiscuous distribution through illicit traffic. The Committee emphasized the need for federal legislation to control these drugs every step of the way from the producer to the consumer.

On July 15 of this year President Lyndon B. Johnson signed the Drug Abuse Control amendments designed to control distribution of stimulating and depressing drugs from the manufacturer to the drug store.

It is amazing, indeed little short of incredible that the Committee's earliest work on air pollution also goes back 45 years.

In the 1920's the Committee engaged the services of Yandell Henderson, professor of physiology at Yale University to make a study of the concentration of carbon monoxide in various parts of the city under different climatic conditions. In 1926 it published a report entitled *Carbon Monoxide Poisoning and the Automobile Exhaust* that gave the results of the analyses and reviewed all the then-existing literature. It suggested that means should be found of converting carbon monoxide to carbon dioxide.

In September 1931 the Committee issued a comprehensive report on the *Effect of Air Pollution on Health.* Substances that pollute the air were described and their sources traced. Most importantly, it pointed out the ways in which they were detrimental to health.

At the request of the first director of the Bureau of Smoke Control, the Committee in 1950 made a broad study of the literature of atmospheric pollution and the efforts to combat it. In 1958 at the request of the then-Governor Averill Harriman for the current opinion of the effects of polluted air on health, the Committee issued a report that cited all the evidence then available. It urged research to obtain much-needed additional information while recommending that more effective use be made of existing knowledge. Its most recent report issued in 1964 and published this year contained eight specific recommendations aimed at the control of air pollution.

This year the federal government passed the Clean Air Act and Solid Waste Disposal Act, which gave the subject national recognition. The state has assumed the responsibility of directly notifying the public in times of emergency as well as cooperating in the formation of Citizens' Committees for Clean Air. In New York City an ordinance was passed that would reduce the sulfur content of fuels gradually over a period of 10 years.

Thirty-four years ago the Committee on Public Health issued a report recommending continuation of the contraceptive clinics already in existence. In 1946 in another report it urged recognition of medi-

cally indicated contraception as an integral and essential part of preventive medicine. In a report issued in 1964 and published in 1965 the Committee specified the medical indications for contraceptive counseling. This latter report was at the request of the Commissioner of Hospitals for use in municipal institutions. The pronouncements in this document have already become the authoritative guide in usage elsewhere. This year the over-all prohibition in the State Penal Code on the sale or distribution or possession of contraceptive articles was lifted with prohibition limited to minors under 16 years of age. Sale or distribution was limited to a duly licensed pharmacy and advertisement or display was forbidden.

Implausible as it may seem, it may be accurately recorded that as early as 1919 the Committee began its fight against venereal disease. At that time it sponsored a conference on methods of health supervision over active cases of venereal disease and of efficient treatment in the clinics. At this conference it urged the Department of Health to exercise its powers in control of syphilis and gonorrhea and reaffirmed its stand in favor of requiring the reporting of venereal disease. In 1923 it recommended that a Wassermann test be obligatory in every obstetrical case.

Much impressed by the success of England and the Scandinavian countries in curbing syphilis, the Committee believed that this record demonstrated the possibility of effective control if the proper type of public education were employed and treatment facilities made available. With this view the Committee formulated a comprehensive program of procedure in 1936 that it submitted to the health authorities and published in a medical journal. This program encompassed such points as public health education; availability of treatment; instruction of general practitioners in methods of diagnosis, treatment, and follow-up; distribution of free therapy; encouragement of reporting of all new cases by physicians; assignment of public health nurses to clinics and, upon request, to private practitioners for follow-up of patients and contacts; setting up of standards in venereal disease clinics; provision for the detection and treatment of prenatal syphilis; and regulation and supervision of treatment and follow-up of prostitutes and vagrants. Actually this report integrated the recommendations that the Committee had been making for a number of years. But the promulgation of a complete program was especially timely in 1936, for the federal

government was commencing its antivenereal disease campaign.

For many years the Committee sponsored a session at the Annual Regional Social Hygiene Conference. From the peak incidence of infectious syphilis in 1947, the low point was reached in 1955. Since then the incidence has risen to the level of 1948 with spectacular increases in 1959 and 1960.

In 1964 the nation encountered a resurgence of venereal disease. To combat it the Public Health Service formulated a sound program based on epidemiological principles and organized teams of zealous workers to interview contacts and arrange for testing of them. But in practice these workers reported two insurmountable obstacles. Most of the cases were initially seen by private practitioners. Many cases were not reported or too many patients were not permitted to be interviewed. It was indeed ironical that an epidemic was raging for which there was effective treatment. The difficulty lay in finding the infected early enough to receive treatment that would stop the spread.

In a lengthy report the Committee pointed out the need to acquaint the private practitioner that he was in fact an important member of the public health team, that his lack of cooperation could block completely any effective control and stoppage of spread, and that he had a paramount responsibility to public health that transcended all other considerations. The Venereal Disease Branch of the Public Health Service Communicable Disease Center at Atlanta, Ga., attached such value and weight to this report as to make it the main theme and to quote generously from it during a national conference on eradication of venereal disease.

But it was equally apparent to the Committee that cooperation of the physician was alone not sufficient. Although a goal of eradication of venereal disease by 1972 had been set, it was almost as if the public were unaware of the epidemic, its dangers, and means of overcoming it. Of the serious situation the public had yet to be apprised. Thus, those exposed or potentially infected had to be shown the benefit of seeking an examination and revealing contacts. But up to then it was a silent campaign.

In a second report the Committee urged an active campaign to carry the message through the country and to inform the public about the value to themselves as well as to others of full cooperation in eradicating venereal disease. Requests for this report were sufficiently nu-

merous to encourage the Committee to believe that efforts would not be continued in an atmosphere of reticence. Shortly afterward the campaign did indeed become more audible and visible in the various media.

A combination of circumstances focused the Committee's attention on the state of health education. It viewed with concern the conjunction of a spiralling illegitimacy, which was known to conduce to perinatal mortality, the mounting casualties in the surge of veneral disease, the heavy implication of homosexuality with its false pretensions of an exalted way of life, the vast commerce in smut and filth beamed toward the young, which the Committee euphemistically designated as salacious literature—all these developments induced the Committee to question what had happened to health education. In its own inquiry it found that health education was unsatisfactory both in status and performance.

Fortuitously at this moment a group of influential organizations that included the National Education Association, the U. S. Public Health Service, and the American Medical Association released its findings on a national survey of health education. These data corroborated the Committee's observations that health education was in a sorry state. It is again ironical that this country with its vaunted superiority in the technics of education, mass communication, and propaganda should have failed so abysmally in health education.

Reviewing the evidence and formulating recommendations, the Committee issued what has proved to be one of its most requested reports. Already this document has exerted an impact. This autumn the same organizations sponsoring the national survey convened to discuss a national program of health education. One viewpoint brought out in the conference was strikingly in agreement with one of the Committee's conclusions cited in its report. What the country needs is a compelling motivation to raise health education to unexcelled heights, to arouse the public to the same pitch over health education that Sputnik stirred up about science education.

For 61 years hospitals in New York State have been under the jurisdiction of the State Department of Social Welfare. This anomalous relationship dates back to the days of charity hospitals. Whatever justification there may once have been for this assignment of power, it has long since disappeared. For many years the Committee has chafed under this illogical line of authority. Two developments pointed up

the pressing need of bringing the hospitals under the control of the health division in the state: their greatly augmented utilization in the past decade; and the prospect of their vastly greater usage in fulfilling the benefits provided in recently enacted federal health legislation. On the basis of professional competence the Committee urged this year the transfer of authority over hospitals from the Welfare to the Health Department. This change was recently effected by act of the present Legislature. This is one of the most rapidly favorable responses to the Committee's urging.

During the 3 years that the Committee deliberated on the tortuous, labyrinthine issues in medical assistance to the aged, on one point the Committee had neither hesitation nor doubt. Illness should not impoverish a person. On these grounds the Committee found an arbitrary figure on resources in determining eligibility for assistance to be both unfair and unrealistic. Rather, the medical costs had also to be taken into account. It proposed that a ratio of cost to resources would be the proper basis. It is therefore pleasant to report that the newly-enacted Title 19 has adopted this formula.

Finally, the Committee cautioned against neglecting and disparaging the Kerr-Mills law in enthusiasm over Medicare. It pointed out that any realistic Medicare law was unlikely to be open-ended with limitless benefits. Hence, when the benefits were exhausted, Kerr-Mills would be available to take over. These prophetic statements by the Committee are now being noted.

I should like to disclaim any attempt to mislead you into believing the Committee singlehandedly brought about all these accomplishments. But at the same time it should be noted that the Committee in a number of instances was among the first, sometimes a solitary first, to take a forward-looking position even when that meant standing alone. Moving in advance of general opinion can lead to a sequence of chilly and slighting rebuffs: to any new point of view the disbeliever responds that it isn't true. Later, when this argument obviously has no weight, he will reluctantly admit that the new point of view is true, but hastens to add that it is not important. Much, much later this same critic will grudgingly admit that the view is true and important but then will brush it off with a statement that it has been known all the time.

Whatever satisfaction you may have derived from these culminations of your work may be tempered by the realization that not infre-

quently you have had to wait for a lapse of 30 or 40 years. From that realization it is tempting but perhaps old-fashioned if not unpopular to draw a moral. This present-day attitude is reflected in the experience of a pupil whose teacher habitually pointed up morals to stories. Her substitute was much more popular. When pressed for the student's explanation of her popularity the answer was clear and concise: she had no morals. From this chronology a number of morals could be drawn, some discouraging and depressing, others bright. To name just a few: there is little that is completely new; there were giants also in the early days; achievement on a mass scale is often a matter of perseverance. This latter is reminiscent of LaGuardia's battle cry: "Patience and fortitude."

It is fairly obvious that the end of one year also marks the beginning of another. This realization prompts thoughts of what lies ahead. All the signs point to a period of almost unprecedented challenge and opportunity during the coming year. Seldom have communities undergone such profound change. Three changes that have recently occurred and have consequences for the Committee stand out: 1) communities have become larger, more populous, and denser; 2) the family, the community's smallest social unit, appears to have become less cohesive and determinative; 3) the government has manifested greater official interest in health and has taken up many activities not previously performed, and has taken over many that were done by private bodies. Health has been a prominent topic in the programs of the New Deal, the Square Deal, the New Frontier, and the Great Society.

Rarely has so much happened in such a short span. All three changes coupled with their rapidity have brought or intensified problems. Unfortunately, eradication of existing sociomedical ills is not in sight. Instead, the first two alterations in the community have been accompanied by magnification of the seamy side of life, with more and larger sociomedical disorders.

As for the third change, the government's interest in the health of its people begets problems of a different kind. Its very attempts to set in motion means of actively participating in improving and protecting peoples' health are beset by numerous difficulties. It is one thing to make laws and another to execute them. Indeed, the latter may be much more difficult and time-consuming. To take two examples at the point of initial action, Medicare and the regional medical complexes have

moved into a new phase; they are now law and require effectuation. Their administration and execution are exceedingly complex and are on a vast scale. Surely it would be unrealistic, indeed little short of a miracle, not to expect flaws in the early stages of these operations.

All in all, there is no dearth of problems awaiting the Committee's services. Certainly there can be no relaxation of effort against mounting sociomedical ills. Equally of concern to the Committee is the provision of good and adequate medical care to the people of the nation. For these goals no organization has better credentials than the Committee for serving effectively in the public interest. It has 55 years of experience to attest to its devoted and dedicated efforts toward improving the health of the community, both by official and private means.

This has been a bumper year for the fruition of the Committee's work. But it must never be forgotten that much work goes into fruition. After 55 years in the service of the community the Committee on Public Health faces in the coming years challenge and opportunity for service as great if not greater than at any time in the past.

The Committee can rightfully say with Faust:

> . . . This sphere of earthly soil
> Still gives us room for lofty doing.
> Astounding plans e'en now are brewing:
> I feel new strength for bolder toil . . .
> The Deed is everything, the Glory naught.

And in the words of another poem:

> What makes a city great and strong?
> Not architecture's graceful strength
> Not factories' extended length,
> But men who see the civic wrong,
> And give their lives to make it right,
> And turn its darkness into light.